

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	5/12/00		3/20/00
O.I.P.E. CLASSIFIER		15	3/20/00
FORMALITY REVIEW	RR	10029	5/12/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| — | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

Claim	Date			
Final	Original			
1	25	18	4	18
2	01	01	02	02
3	N	N	N	N
4	N	N	N	N
5	N	N	N	N
6	N	N	N	N
7	N	N	N	N
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓	✓	✓	✓
14	✓	✓	✓	✓
15	✓	✓	✓	✓
16	✓	✓	✓	✓
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

Claim	Date			
Final	Original			
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				

Claim	Date			
Final	Original			
101				
102				
103				
104				
105				
106				
107				
108				
109				
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146				
147				
148				
149				
150				

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

**BEST AVAILABLE COPY**